Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6008213 07/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET SANDWICH REHAB & HCC SANDWICH, IL 60548 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Final Observations S9999 Licensure Violations: 300.610a) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These requirements are not met as evidenced by: Based on interview and record review the facility failed to ensure a resident was free from verbal abuse by E13 on July 14, 2016. This failure resulted in R1 feeling frustrated and humiliated by E13. Attachment A This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 3. Statement of Licensure Violations The findings include: R1's Minimum Data Set dated June 16, 2016 shows a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact), no hallucinations,

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/11/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		11 /	(X3) DATE SURVEY COMPLETED	
		!L6008213	B. WING		C 07/22/2016		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
902 FAST ARNOLD STREET							
SANDWICH REHAB & HCC SANDWICH, IL 60548							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
\$9999	and no delusions. On July 21, 2016 at 7:00 the morning of walking past the nu aloud, "What an a*direct it to any indiv did not realize E13 was behind the nurreplied, "No, you're "loud yelling match himself and E13. R could not remembe exchanged. R1 said scary monster and like one." R1 said, "away from me where She (E13) did not did R1 said he began with station when E13 for c**t." R1 said he fel humiliated during the On July 21, 2016 at Practical Nurse) stational the total process of the said E13 called R1 something like that woice and continued R1. E5 stated she had but cowas said." On July 21, 2016 at Nurses) stated she had but cowas said." On July 21, 2016 at Nurses) stated she E13 on the morning explained to her the morning between Ewas "out of line" and psycho-stalker." E2 language for facility	ge 1 10:15 AM, R1 stated, around July 14, 2016, he was rse's station and R1 said helical in particular. R1 said he (Licensed Practical Nurse) se's station area. R1 said E13 the a**-hole." R1 stated a of of words began between 1 said helical in go nuts" and repartimental was a then she began treating melical should have walked in I began to lose my temper. eescalate the situation at all." walking away from the nurse's followed him and said, "You're a textremely frustrated and helical encounter with E13. 11:30 AM, E5 (Licensed and helical encounter with E13.	S9999				

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STATE FORM

VFJN11

PRINTED: 08/25/2016

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6008213 07/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET **SANDWICH REHAB & HCC** SANDWICH, IL 60548 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 Nurse) stated she witnessed the incident between R1 and E13 on the morning of July 14, 2016. E3 stated R1 and E13 began a verbal altercation at the nurse's station, but could not hear exactly what was said until the altercation continued down the hallway. E3 said, "I clearly heard (E13) say to (R1) 'you're acting like a psycho-stalker.' " E3 said she had to physically intervene between the two in order to ensure resident safety. E3 said the exchange was "pretty loud, heated and E13's tone was very disrespectful." E3 said E13 did not try to disengage with the resident and continued to argue with him. On July 21, 2016 at 1:25 PM, E12 (Certified Nurse Aide) stated she witnessed the incident between R1 and E13 on the morning of July 14, 2016. E12 said she heard E13 tell R1, "Stay away from me you hairy monster." E12 stated she heard E13 yell, "This is why I don't give him his meds." E12 said R1 yelled, "You're a f**ing c**t." E12 said E13 yelled back to R1 but she was unable to understand the exact reply. E12 said it was a loud tone and "most likely profanity." On July 21, 2016 at 1:20 PM, E1 (Administrator) stated E13's behavior was "definitely humiliating and willful" toward R1. E1 said, "(E13's) behavior was not appropriate facility staff conduct. E13 was arguing back and forth. (R1) told me she (E13) used profanity, something like 'no, you're a dirty c**t and psycho-stalker'." E1 said R1 was upset after the incident. E1 stated E13 immediately resigned after the July 14, 2016 incident. E13's personal file showed a hand written resignation letter signed by E13 on July 14, 2016. The facility's Abuse Prevention Policy revision dated 11/11/11 states, "This facility affirms the

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right of our residents to be free from abuse.....This facility therefore prohibits mistreatment, neglect or abuse of its

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